

APPLICATION FOR SEWER AND DRAIN LICENSE

COVERING THE PERIOD OF JANUARY 1, 20____ THROUGH DECEMBER 31, 20____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions and submit all required documents at the time of application; or your application will be deemed incomplete and will not be processed.

Name (Last, First, Middle):	Other names under which you may have					
Home Address:		City, State & Zip:		used:		
Social Security Number:	Home Phone:		Work Phone:	Other Phone:		
Federal ID Number: State ID Numbe			Date of Birth:			
Name of Business:						
Business Address:			City, State & Zip:			
Business Phone Number:						
THE FOLLOWING ITEMS MUST BE COMPLETE AND/OR ACCOMPANY THE COMPLETED APPLICATION						
 License fee:\$55.00 per year \$70.00 (late renewal after December 31) 						
2. \$10,000 performance bond to cover defects in the work with coverage to extend for a period of two years after completion of the work is filed in the office of the city clerk.						
3. If employer, proof of worker's compensation coverage (Minnesota Statute 176.182)						
 Insurance certificate with City of Rochester as an additional insured for General Liability at \$2,000,000/\$4,000,000 for bodily injury and \$5000.00 for property damage. 						
5. Proof of State Plumbing Code compliance Bond (\$25,000.00)						
6. Form requesting additional information on applicants (form attached to application)						
Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4th Street SE, Rochester, MN 55904.						
I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license should be issued.						
Signature of Applicant Date of application						

INFORMATION FROM APPLICANTS FOR LICENSE TO CONNECT TO SEWERS & DRAINS

1. Exact name or title to which license is to be used:						
2. Business Address:	City, State & Zip:					
Business Phone:						
3. Names of the owner, owners, or partners of	the business:					
4. Who is the individual who will have personal supervision of the work, as described in Section						
	76.05 of Ordinance 76.0 (Sewer Ordinance)?					
Name	Address					
5. What is this person's experience and qualific	cations for this license?					
Total Number of Employees:	Number of employees with "Pipe Layers Card"					
Number of Employees with "Competent Person Tre	nch Safety" Training:					
Number of Years experience in Constructing Sewer	Connections: In Rochester:					
List Construction Equipment Owned or Leased:						
Other Information: —						
	with the requirements of Ordinance 76.0 (Sewer o connections to the public sewer and street					
7. Give name, address and telephone number of the person to be called on weekends, nights and outside of working hours, to take care of emergency work in connection with street openings, lights and settlement of street openings?						
Name (Last, First):						
Address:						
Phone Number:						
Name (Last, First):						
Address:						
Phone Number:						
Signature of Applicant	Date					

RIGHTS OF SUBJECTS OF GOVERNMENT DATA LICENSE AND PERMIT DATA

"TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public: and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the deferred assessment program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

Tc	exercise these	rights, con	tact the City	Clerk's Office,	<i>Room135</i> ,	City Hall, I	Rochester, 1	Mn. 55904	
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I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)	(Date)	

White Copy - City Clerk's Office

Buff Copy - Applicant